**Personal Data For Payment of Thesis Examination fee**

**1. Applicant information**

**- Department(Major) :**

**- Name :**

**- Thesis Title :**

**- Examination date** **: 2021. . . (YYYY.MM.DD.)**

**2. Committee member information**

**- Country:**

**- School(Dapartment/Major) :**

**- Name :**

**- Personal Identity No. :**

**- Street address:**

**- Contact info**

**(E-mail) / (TEL No.)**

**I request extra payment as below that evaluated the thesis as above.**

**※ Thesis Examiner agrees with using personal information for getting evaluation payment**

**◎ Amount :**

**◎ Beneficiary’s Bank info(for Europe countries)**

**- Bank name :**

**- Swift Bic :**

**- Account No.(or IBAN No.) :**

**- Beneficiary’s Name :**

**20 . . .**

**Thesis advisor : (signature)**

**Committee member : (signature)**

**To the dean of the College of Agriculture and Life Sciences**

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**◎ Amount :**

**◎ Beneficiary’s Bank info (for USA)**

**- Bank name :**

**- Swift Bic(Routing No./ABA No./Fedwire No.) :**

**- Account No. :**

**- Beneficiary’s Name :**

**20 . . .**

**Thesis advisor : (signature)**

**Committee member : (signature)**

**To the dean of the College of Agriculture and Life Sciences**